

HEALTH INFORMATION AND RESOURCES FOR INDIVIDUALS

Overview

The Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security (CARES) Act provide important protections for individuals to receive testing for the coronavirus (COVID-19) and other services.

Please see information on related topics, including veterans' health, paid sick leave, and unemployment insurance, on Senator Schatz's [coronavirus webpage](#).

Testing for COVID-19

The Families First Coronavirus Response Act requires health insurers to cover the COVID-19 diagnostic test at no cost to individuals. This includes private health plans, Medicare, Medicare Advantage, Medicaid, CHIP, TRICARE, veterans' plans, federal workers' health plans, and the Indian Health Service.

- **This means that individuals are not responsible for deductibles, coinsurance, or co-pays for a COVID-19 test or for the visit associated with receiving that test.**
- Plans may not use tools like prior authorization to limit access to the test.
- Insurers must also cover the cost, without cost-sharing, of a patient's visit to a provider, urgent care center, or emergency room to receive this testing.
- However, these requirements do not apply to certain types of private health plans that are not in compliance with requirements of the Affordable Care Act, such as short-term limited duration plans. Please contact your insurance plan with any questions. For the purpose of testing, these individuals count as uninsured under the Families First Act. See below.
- Please note that a doctor's order is currently required to receive a COVID-19 test in Hawaii. Please see [here](#) for more information on the criteria for testing.

What if I am uninsured?

The Families First Act provides funding to reimburse providers for testing uninsured individuals, including those enrolled in short-term limited duration plans. If you are uninsured, please talk to your provider about receiving a test.

In addition, states have the option to extend Medicaid eligibility to uninsured populations for COVID-19 diagnostic testing, and this testing would be available with no cost-sharing.

Vaccine Coverage (When Available)

There is not yet a vaccine available to prevent COVID-19.

Private Insurance

When a COVID-19 vaccine is available, for private insurance, the CARES Act requires that coverage without cost-sharing begin fifteen days after a favorable rating or recommendation from the United States Preventive Services Task Force or the Advisory Committee on Immunization Practices.

Typically, the Affordable Care Act requires that preventive services and vaccines be covered by private insurance starting on the first day of the plan year beginning after a favorable rating or recommendation, so the CARES Act requires this coverage to begin sooner.

Medicare

The CARES Act requires a vaccine and its administration to be free to beneficiaries with Medicare Part B and those with Medicare Advantage who receive the vaccine from an in-network provider.

Medicaid

Medicaid and CHIP cover recommended vaccines for children without cost-sharing.

For adults in Hawaii, Medicaid must cover vaccinations without cost sharing. For other groups eligible for Medicaid, such as low-income parents, states have flexibility to determine whether to provide coverage of vaccines. Please contact your plan for more information on vaccine coverage.

Prescription Drug Coverage for Medicare Beneficiaries

During the COVID-19 public health emergency, a senior on Medicare can get up to 90 days of a prescription if that is what their doctor prescribed, as long as there are no safety concerns. Medicare drug plans will also allow beneficiaries to fill prescription early for refills up to 90 days, depending on the prescription.

In the past, Medicare drug plans only let beneficiaries receive a 30-day supply of their prescription.

Over-the-Counter Medical Products

The CARES Act allows patients to use funds in Flexible Spending Accounts (FSAs), Health Savings Accounts (HSAs), and Health Reimbursement Arrangement (HRAs) for the purchase of over-the-counter medical products, such as non-prescription pain relievers and cold/flu medications, without a prescription from a physician. In addition, menstrual care products have been added to the list of qualified health care expenses under FSAs, HSAs, and HRAs.

Telehealth

The CARES Act provides new options to use telehealth, and there will be more information on telehealth available on Senator Schatz's [coronavirus webpage](#).

More Information

For more information and resources, please visit the following websites:

- Hawaii Department of Health: <https://hawaiicovid19.com/>
- Information on Testing: <https://hawaiicovid19.com/screening/>
- Med-QUEST: <https://medquest.hawaii.gov/en/about/recent-news/2020/CoronaVirus.html>
- Medicare: <https://www.medicare.gov/medicare-coronavirus> and <https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf>
- Marketplace coverage: <https://www.healthcare.gov/blog/coronavirus-marketplace-coverage/> and <https://www.cms.gov/files/document/03052020-individual-small-market-covid-19-fact-sheet.pdf>
- Medicaid and CHIP: <https://www.cms.gov/files/document/03052020-medicaid-covid-19-fact-sheet.pdf>
- Community Resources: <https://medquest.hawaii.gov/en/resources/community-partners.html>